

**Financial Certification Website
Certification of Agency Reconciliation to Cardinal Reports
Security Maintenance Form**

I hereby request to have security to the Financial Certification Website set up for my agency as specified below. I certify that this agency maintains a system of internal control over on-line access to the Financial Certification Website adequate to prevent unauthorized access to or changes in the data contained therein, and that the use of this form constitutes an integral part of that internal control system.

Name: _____, Fiscal Officer
Agency: _____
Phone Number: _____ **Extension:** _____
E-mail Address: _____ **Date Submitted:** _____

Function: _____

User Information

User ID: _____ **User Type:** _____
First Name: _____ **Last Name:** _____
Agency: _____
Phone Number: _____ **Extension:** _____
E-mail Address: _____

Access Agencies

Department of Accounts Use Only

The security maintenance specified above:

- Meets requirements specified in the CAPP Manual.
- Does not meet CAPP Manual requirements and will be returned to agency.

Signature Card Verified

Data Entry by: _____ Date: _____
DOA Review: _____ Date: _____